



Travel Release Form / Parent-Guardian Pickup

STUDENT REQUESTING TRAVEL RELEASE: _____

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN PHONE NUMBER: _____

SPORT: _____

DATE(S) OF TRANSPORTATION: _____

I grant permission for my son/daughter, _____, to receive transportation home from athletics practices/games from me on _____ (date).

I understand that this request will release CTRA and its affiliates from all liability for any adverse results that may occur.

I also agree to release CTRA and its employees and officers from all liability with reference to the stated transportation.

Signature of Parent/Guardian

Date

Signature of Parent Providing Transportation of Student

Date

This form must be filled out completely and given to the coach at least one day before transportation is requested.